

**VA CARES Commission Hearing**

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**Statement**

**VA Hudson Valley Healthcare System**

**(Montrose Campus)**

**October 21, 2003**

Mr. Chairman, I am honored to testify today before this Commission on the CARES planning for the New York/New Jersey Veterans Healthcare Network. I would like to introduce Michael Sabo, Medical Center Director of the VA Hudson Valley Healthcare System. The other VISN 3 Directors and VISN Leadership are in the audience and are available to answer questions if needed.

It is our goal this afternoon to provide a brief overview of the CARES planning process.

- We will discuss the stakeholder involvement in this process.

- And then outline the Draft CARES National Plan pertaining to the Montrose Campus of the VA Hudson Valley Healthcare System.

It is important to begin with discussing our partners in this process.

Throughout the CARES process, we have been committed to ensuring that stakeholder partners have been involved, informed, and provided an opportunity to share their comments about CARES.

Over the past year, numerous meetings to discuss CARES were held with representative stakeholders throughout this region.

Information regarding the CARES process has been and continues to be distributed to many groups and individuals via briefings, forums, e-mails and informational mailings as well as a comprehensive web site and e-mail listing with an on-line comments section. Major VSO representatives as identified by the VHA CARES Office were kept informed and involved as well as our local and regional partners.

Congressional offices were regularly briefed on CARES. Employees were briefed on the CARES process during employee forums

conducted on a regular basis; through newsletter articles; electronic messages; and through the distribution of CARES Bulletins.

The basic principle of the CARES evaluations was that recommendations were to be based on factors such as quality, demographics, cost and access.

The VA developed demographic projections through the year 2022, conducted a comprehensive capital inventory, assessed usage and vacant space, clinical inventory of programs offered at sites and developed access standards for all VA's to evaluate the accessibility of services. This was the basic blueprint of the CARES process.

Based on this information, VA nationally coordinated an assessment of high priority planning initiatives for VISN's to address in collaboration with stakeholders. Because of this process, this network was asked to address or recommend solutions to CARES issues in the NY area markets - some of which included the VA Hudson Valley Healthcare System.

The Nationally driven review included:

- A Small Facility Planning Initiative – identified at Castle Point.
- Projected Outpatient Demand increases at all locations.
- Projected Inpatient Demand decreases in the out years – which is 2012 and beyond.
- SCI programs and our referral facilities in VISN's 2 and 4.
- Various vacant space issues.
- Enhanced Use Leasing potential.

Based on collaboration with stakeholders, analysis of the IBM planning model and knowledge of local market issues, the VISN made some preliminary recommendations on April 15, 2003. These included:

- Shift a significant portion of inpatient services from Montrose to Castle Point, maintain inpatient residential, homeless and domiciliary inpatient care - as well as outpatient services at Montrose, enhance use lease remainder of the campus.
- We outlined a number of new construction projects and renovations to address projections of increased outpatient demand.

- We proposed a consolidation of the Castle Point and East Orange SCI programs to an expanded SCI Center at the Bronx. Under this scenario East Orange and Castle Point would each maintain a comprehensive SCI outpatient program. This initiative was developed in close coordination with the EPVA and PVA.

Following the submission of our completed proposal - the National CARES office asked us in July, to review several additional planning initiatives addressing proximity issues, space gaps and program overlaps.

The Draft National CARES included:

- Shifting all inpatient workload to the Castle Point Campus from the Montrose Campus. Convert Castle Point to a Critical Access Hospital, and enhance use lease the remainder of the Montrose Campus to meet the outpatient demand at that site or another appropriate site.

- Consolidate Castle Point SCI program to the Bronx; maintain the East Orange SCI inpatient program with consideration for consolidation at a later date.

It is important to mention that the Under Secretary's review was built into the CARES planning process as a deliberate step to pull together 74 draft Market Plans from 20 Networks into a consistent, systematic plan with a national perspective. One of the most important issues was to ensure that the acute care (hospital) infrastructure was balanced against the need to improve access to care.

As to the development of these newly added initiatives – they are in a study phase at this time primarily in order to determine cost and clinical feasibility of the modifications.

Prior to the CARES process, we have worked to reduce vacant space at all of our facilities from small leases, large scale enhanced use proposals and extensive lease proposals for land and facilities including a huge project for the VA Hudson Valley Healthcare System (Montrose Campus).

In conclusion - most Americans believe that providing quality healthcare for eligible veterans is the responsibility of a grateful nation. At a time when our country is asking a new generation of Americans – our sons and daughters to bear the burden of defending freedom, we must maintain our commitment to serve those men and women who have worn the uniform.

It is our firm belief that we must continue to improve quality, enhance access and utilize our resources wisely in the care of this region's veterans. I know that every employee and volunteer we have in the Hudson Valley remains committed to carrying out this awesome responsibility.

Thank you.